

Michigan Department of Community Health  
**Board of Veterinary Medicine**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **VETERINARY TECHNICIAN LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** You will be notified about the completeness of your file. It is your responsibility to have everything sent to the Board of Veterinary Medicine (questions regarding our application can be directed to the Michigan Board of Veterinary Medicine at (517) 335-0918 three weeks after the date you sent the application). Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee will be returned.

### **INSTRUCTIONS FOR LICENSURE BY EXAM FOR GRADUATES OF AVMA APPROVED PROGRAMS**

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. Michigan requires that applicants for licensure by examination pass both the PES VTNE national examination and the Michigan veterinary technician examination in order to become licensed in Michigan.
3. The application for licensure and fee must be received in this office along with all supporting documents 30 days prior to the scheduled examination date to assure eligibility for the exam.
4. Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Sign and date your application. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.
5. To sit for the licensing examination, official transcripts must be sent directly to this office from your school and must show the degree earned and the date conferred, **OR** the Board office must receive a letter from the Program Director of an AVMA approved program stating that the student is in good standing in the final year of a program for training veterinary technicians.

**It is the applicant's responsibility to have a final transcript sent to this office directly by your school. A license will not be issued until the final transcript is received.**

6. If the applicant has taken the National Examination, he/she should contact the Interstate Reporting Service at PES (212) 367-4342 to have their national examination scores submitted to Michigan. If the scores meet Michigan's standard, the applicant will not be required to retake the National Examination. If the applicant has not been licensed in another state for at least 3 years, the applicant will be required to take and successfully complete the Michigan veterinary technician examination.
7. Please submit verification of licensure from any state where you hold or have ever held a license to practice as a veterinary technician. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

**CANDIDATES WHO ARE SCHEDULED TO APPEAR FOR AN EXAMINATION MUST NOTIFY THE BOARD OFFICE IN WRITING IF THEY WISH TO WITHDRAW FROM THE EXAM. WRITTEN NOTIFICATION MUST BE RECEIVED AT LEAST SEVEN (7) DAYS BEFORE THE DATE OF THE EXAM. IF A WRITTEN REQUEST TO WITHDRAW FROM THE EXAMINATION IS NOT RECEIVED AT LEAST SEVEN (7) DAYS PRIOR TO THE SCHEDULED EXAMINATION DATE, THE EXAMINATION FEE IS FORFEITED. A NEW EXAMINATION FEE (\$65.00 National Exam; \$65.00 Michigan Exam) MUST BE PAID BEFORE THE CANDIDATE CAN BE RESCHEDULED TO TAKE THE LICENSING EXAM(S).**

## **INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT FOR GRADUATES OF AVMA APPROVED PROGRAMS**

**NOTE:** Applicants for licensure by endorsement must hold a current license to practice as a veterinary technician in another state and must have been licensed for at least three (3) years.

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Sign and date your application. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.
3. Please arrange for a final, official transcript of your AVMA approved veterinary technician education to be sent to the Michigan Board directly from your school. The transcript must show the degree earned and the date it was conferred.
4. Please contact the Interstate Reporting Service at PES (212) 367-4342 to have your VTNE National Examination scores sent directly to the Michigan Board. Your examination score will be evaluated to determine if it is a passing score in Michigan.
5. Please submit verification of licensure from any state where you hold or have ever held a license to practice as a veterinary technician. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Veterinary Medicine in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Veterinary Medicine in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.

Michigan Department of Community Health  
**Board of Veterinary Medicine**  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918  
TTY (517) 373-7489

OHS/LVT-020 (04/04)

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**APPLICATION FOR LICENSURE AS A  
VETERINARY TECHNICIAN**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**Type or Print Only**

**Board Use Only**

**I AM APPLYING FOR THE FOLLOWING:**

- ☐ License by Examination Fee: \$170.00 71-6902-01  
(Both Exams)
- ☐ License by Examination Fee: \$105.00 71-6902-01  
(Michigan Exam Only)
- ☐ License by Endorsement Fee: \$40.00 71-6902-09  
(Must currently be licensed in another state and must have been licensed for at least three (3) years)

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.  
**DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

License Number:

Date of Licensure:

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Name

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

9. Do you hold or have you ever held a veterinary technician license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License Number	Date of Issue	How Obtained (Endorsement or Examination)

**Provide a complete chronological record of your educational preparation.  
Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance From To		Degree

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

## Michigan Department of Community Health

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Basis for Issuance of License:		Type of License:
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)	<input type="checkbox"/> Endorsement - Please indicate name of state	
License Status	Original Issue Date	Expiration Date
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
Has the applicant incurred any formal or informal actions in your State?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.		
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board